Fifther this o	Hormation to in	antity your case		
Debtor 1	Kimberly Pai	ge Wilson		
20000	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if fliing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court f	or the: District of		
Case number				
	(if known)			

2020 FEB 21 PM 2: 52
U.S. BANKRUPTCY COURT
RICHMOND PUNES IGANs is an amended filling

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

yo	ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	•	
P	ort 1: Summarize Your Assets		
		Your assets Value of what you own	
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	s0	
	1b. Copy line 62, Total personal property, from Schedule A/B	\$1000	
	1c. Copy line 63, Total of all property on Schedule A/B	\$1000	
P	Summarize Your Liabilities		
		Your liabilities Amount you owe	
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you tisted in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	s0	
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$29740.06	
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$	_
	Your total liabilities	\$ 29740.06	
Pá	ort 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$940	
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1010	

•	Cá	ase 20-30935-KRH	Doc 3) Entere Page 2 of		2 Desc Main
Deb	tor 1	Kimberly Paige Wilson	Lest Name	· · · · · · · · · · · · · · · · · · ·	Case	e number (#known)	
Pa	rt 4:	Answer These Questions		strative and Statistic	al Records		
	_	u filing for bankruptcy under C . You have nothing to report on the			d submit this for	m to the court with your other s	schedules.
7. 1	What k	ind of debt do you have?					
	You farm	ur debts are primarily consume hily, or household purpose." 11 U	er debts. Cor .S.C. § 101(8	nsumer debts are those "i 3). Fill out lines 8-9g for st	ncurred by an ir atistical purpose	ndividual primarily for a person es. 28 U.S.C. § 159.	al,
1		ur debts are not primarily cons form to the court with your other		You have nothing to repo	ort on this part o	of the form. Check this box and	submit
8. i	From t Form 1	he S<i>tatement of</i> Your Curre nt i 22A-1 Line 11; OR , Form 122B L	Monthly Inco .ine 11; OR, I	ome: Copy your total curre Form 122C-1 Line 14.	ent monthly inco	ome from Official	s <u>1440</u>
9. (Copy ti	ne following special categories	of claims fr	rom Part 4, line 6 of Sch	edule E/F:		
						Total claim	
	From	Part 4 on Schedule E/F, copy	the following	g:			
(9a. Dor	nestic support obligations (Copy	line 6a.)			\$	
ę	9b. Tax	es and certain other debts you o	we the gover	nment. (Copy line 6b.)		\$	
9	9c. Clai	ims for death or personal injury w	rhile you were	e intoxicated. (Copy line 6	ic.)	\$	
ę	9d. Stud	dent loans. (Copy line 6f.)				\$	
ę		igations arising out of a separationity claims. (Copy line 6g.)	on agreement	t or divorce that you did no	ot report as	\$	
ę	9f. Det	ots to pension or profit-sharing pla	ans, and othe	er similar debts. (Copy line	e 6h.)	+ \$	
9	9g. Tota	ał. Add lines 9a through 9f.				\$	

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First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name			e VVIIson	Kimberly Paige	Debtor 1
		Last Name	Middle Name	First Name	Jenior 1 .
Spouse, if filing) First Name Middle Name Last Name					
		Last Name	Middle Name	First Name	pouse, if filing)
United States Bankruptcy Court for the: District of Case number		of	the: District	Bankruptcy Court for th	
	☐ Check				rade manipor

Schedule A/B: Property

12/15

in each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

oyou own or have any legal or equitable interead 1 No. Go to Part 2. ☐ Yes. Where is the property?	st in any residence, building, land, or similar prop	erty?	
1.1. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured clime amount of any secure Creditors Who Flave Clair Current value of the entire property?	d claims on Schedule D is Secured by Property
City State ZIP Code	Land Investment property Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	mmunity property
f you own or have more than one, list here:	Other information you wish to add about this it property identification number:	em, such as local	
1.2. Street address, if available, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured da the amount of any secure Creditors Who Have Clair	d bleims on Schodule D:
Street address, if available, or other description	Condominium or cooperative Manufactured or mobile home Land	Current value of the entire property?	Current value of th portion you own?
City State ZIP Code	Investment property Timeshare	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	emmunity property

Filed 02/21/20 Entered 02/21/20 15:22:02 Desc Main Case 20-30935-KRH Doc 3 Document Page 4 of 57 Kimberly Paige Wilson Debtor 1 Case number (# ki What is the property? Check all that apply. Do not deduct secured claims or even the amount of any secured claims on Schedule D. ☐ Single-family home Creditors Who Have Claims Secured by Property Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home ☐ Land □ Investment property Describe the nature of your ownership City ZIP Code Timeshare interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☑ No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or ex the amount of any accured claims. Make: Debtor 1 only Model: Creditors Who Have Ch Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check If this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. 3.2. Make: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Deptor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

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 N	Kimberly Paige Wilson First Name Middle Name	Last Name	Case number (#k		
 N					
 N				r 2 VV - 2 — ac as securitar series VV - 2 - 3 a securitar series series	anners () () we american shift .
	Make:		Who has an interest in the property? Check one.	Do not deduct secured at	iims or exemptions. Pu
	Model:		Debtor 1 only	the emount of any secure Creditors Who Have Clain	d claims on Schedule L his Secured by Property
	/ear:		Debtor 2 only	The state of the s	and the control of th
_			Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of to portion you own?
<i>P</i>	Approximate mileage:	_	At least one of the debtors and another	onato proporty t	porture years.
(Other information:			¢	•
			Check if this is community property (see instructions)	<u> </u>	<u> </u>
3.4. N	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:		Debtor 1 only	the amount of any secure Creditors Who Have Clair	
			Debtor 2 only	was a survey of the contract of the survey o	in distance of the contract of
۲	/ear:	_	Debtor 1 and Debtor 2 only	Current value of the	Current value of portion you own?
F	Approximate mileage:	_	At least one of the debtors and another	entire property?	portion you own
C	Other information:		_	•	•
			☐ Check if this is community property (see instructions)	\$	\$
			r recreational vehicles, other vehicles, and acces		
i No I Yes	les: Boats, trailers, motors, person		who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)		d dams on Sobedule ms Secured by Proper Current value of
xamp 1 No 1 Yes	es: Boats, trailers, motors, person Make: Model:	nal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property?	d claims on Solvedulens Secured by Proper Current value of portion you own \$
i No l Yes	Make:Model: Year: Other information:	nal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct essured class the amount of any secure Creditors Who Have Class Current value of the entire property? \$	d daline on Schedulens Secured by Proper Current value of portion you own \$
you o	Make: Model: Year: Other information:	nal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property?	d claims on Schedulens Secured by Proper Current value of portion you own \$
you o	Make: Other information:	nal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class who have Class Who Have Class Current value of the entire property? Do not deduct secured class the amount of any secure Creditors Who Have Class Creditors Who Have Class	d claims on Schooling Secured by Proper Current value of portion you own \$
you o	Make: Model: Year: Down or have more than one, list he Make: Model: Model: Model: Model: Model: Model: Model: Model: Model:	nal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$ Do not deduct secured of the amount of any secure	d dains on Schedulens Secured by Proper Current value of portion you own \$
you o	Make: Own or have more than one, list he	nal watercra	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Class entire property? Do not deduct secured class entire property? Do not deduct secured class entire amount of any secure Creditors Who Have Class Current value of the	d dains on Schedulens Secured by Proper Current value of portion you own \$

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Debtor 1

irst Name Middle Name Last Name

Case number (# known)

Pa	rt 3:	Describe Your Personal and Household Items	
Do	you a	un or have any legal or equitable interest in any of the following Itams?	Current value of the portion you own? Do not deduct secured claims.
	(f)		or exemptions.
6.	House	shold goods and furnishings	V ,
	Examp	oles: Major appliances, furniture, linens, china, kitchenware	
	☑ No	The second secon	7
	☐ Ye	s. Describe	\$
7.	Electro		•
	Examp	oles: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	☑ No	F	7
	☐ Ye	s. Describe	\$
8.	Collec	tibles of value	
	Examp	oles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
		s. Describe	\$
9	Fauipr	ment for sports and hobbies	,
•	Examp	oles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No		
	Ye	s. Describe	\$
10.	Fiream	TIS	
	Examp No	oles: Pistols, rifles, shotguns, ammunition, and related equipment	1
	☐ Ye	s. Describe	\$
11.	Clothe	s	
	Examp	oles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
		s. Describe	\$1000.00
			-
12.	Jewelr Examp	y bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No Ye	s. Describe	\$
13.		rm animals	
	•	oles: Dogs, cats, birds, horses	
	☑ No ☐ Ye	s, Describe	\$
14.	Any of	ther personal and household items you did not already list, including any health aids you did not list	
	☑ No		
	☐ Ye	s. Give specific	\$
15.		ne dollar value of all of your entries from Part 3, including any entries for pages you have attached rt 3. Write that number here	\$

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Debtor 1	Kimberly Paige Wilson		Case number (if known)	
	First Name Middle Name L	ast Name		

Poyou Current True in	lagal or equitable interest in	any of the following?		Current portion Do not de- cr evenight	value of the ON 100117 Tool Secured daims Mis
16. Cash Examples: Money you	have in your wallet, in your hon	ne, in a safe deposit bo	x, and on hand when you file y	our petition	
☑ No					
			Cas	h:\$	
and other s	savings, or other financial accou imilar institutions. If you have m	unts; certificates of depo untiple accounts with the	osit; shares in credit unions, bro e same institution, list each.	okerage houses,	
☑ No ☐ Yes		Institution name:			
	17.1. Checking account:			\$	
	17.2. Checking account:			\$	
	17.3. Savings account:				
	17.4. Savings account:			\$	
	17.5. Certificates of deposit:			\$	
	17.6. Other financial account:			\$	
	17.7. Other financial account:			\$	
	17.8. Other financial account:			\$	
	17.9. Other financial account:			\$	
Examples: Bond funds, 10 No	or publicly traded stocks investment accounts with broken	erage firms, money mar	ket accounts		
☐ Yes	Institution or issuer name:				
				<u> </u>	
				\$ \$	
				<u>-</u>	
19. Non-publicly traded s an LLC, partnership, a	tock and interests in incorporant	rated and unincorpora	ted businesses, including a	interest in	
☑ No	Name of entity:		% o	ownership:	
Yes. Give specific information about			0%		
			0%	<u>'</u> % \$	
them			0%	' % s	***************************************

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	'aige Wilson	Case number (if known)	
First Name	Middle Name Last Name	NAME OF THE PARTY	- Lake-
Government and corp	porate bonds and other negotiable and non-	negotiable instruments	
	include personal checks, cashiers' checks, pr		
Non-negotiable instrun	nents are those you cannot transfer to someon	e by signing or delivering them.	
🗹 No			
☐ Yes. Give specific	Issuer name:		
information about them			\$
			\$
			\$
Retirement or pension	n accounts		
Examples: Interests in	IRA, ERISA, Keogh, 401(k), 403(b), thrift savin	ngs accounts, or other pension or profit-sharing plans	
M No			
Yes. List each	. Type of account: Institution name:		
account separately	Type of account. Institution name.		
	401(k) or similar plan:		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	Additional account:		\$
	ed deposits you have made so that you may co with landlords, prepaid rent, public utilities (el		
☐ Yes	Institution name or individua	al:	
	Electric:		æ
	Gas:		\$
	Heating oil:		9
	Security deposit on rental unit:		\$
	Prepaid rent:		\$
	Telephone:		\$
	·		\$
	Water:	-	\$
	Rented furniture:		\$
	Other:		\$
Annuities (A controct t	or a natiodic naument of monay to you although	for life or for a number of venes	
Annumes (A contract) No	or a periodic payment of money to you, either t	or the or for a fluithber of years)	
Yes	Issuer name and description:		
	issuer name and description.		\$
	issuel fiame and description.		\$ \$

Entered 02/21/20 15:22:02 Desc Main Filed 02/21/20 Case 20-30935-KRH Doc 3 Document Page 9 of 57 Kimberly Paige Wilson Debtor 1 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). V No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25 Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **☑** No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **☑** No ☐ Yes. Give specific information about them., 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No ☐ Yes. Give specific information about them... 28. Tax refunds owed to you ☑ No Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years..... Local 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☑ No

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Kimberly Paige Wilson

Debtor 1

Debtor 1	First Name	Middle Name	Lest Name	Case number (if known)	
	FRSL (Salite	NACCE IVAITIÇ	Feet isaling		
31 Intere	ests in insuranc	e policies	am v V	TO ANNOUNCE OF COMMANDER SPECIAL CONTRACTOR OF CONTRACTO	TO ANY TO THE CONTRACT AND A STATE OF THE ST
			nce; health savings accoun	nt (HSA); credit, homeowner's, or renter's insurance	
Z No	o				
☐ Ye		urance company y and list its value	Company name:	Beneficiary:	Surrender or refund value:
		,			\$
					\$
					s
If you		ary of a living trust, e	I from someone who has expect proceeds from a life	died e insurance policy, or are currently entitled to receive	
☑ No	0		**************************************		***************************************
☐ Ye	es. Give specific	information			s
				suit or made a demand for payment	
Exam		employment dispute	es, insurance claims, or rig	nts to sue	
	•	h claim			
- 10	es. Describe eac				<u> </u>
	off claims	d unliquidated clair	ms of every nature, includ	ding counterclaims of the debtor and rights	
		:h claim		MICHEL COME LE COME COME COME COME COME COME COME COM	
,	.s. Describe eac				\$
☑ No	0	you did not alread	A 1191		\$
		-		any entries for pages you have attached	\$ 1000.00
101 7 0	art 4. vermo tilut	Translating to the second			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	₩ ~ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	2 Marie Vicence Communication of the Communication	and we are the transfer of the	AND THE SECTION OF A COMMENT OF STATE AND SECTION OF A SE	$\mathcal{H}(\mathcal{H}, \mathcal{H}, \mathcal{H},$
Part 5:	Describe	Anv Business-	Related Property Y	ou Own or Have an Interest In. List any	real estate in Part 1.
•		any legal or equital	ble interest in any busine	ess-related property?	
	o. Go to Part 6.				
Li Ye	es. Go to line 38	,			
					Current value of the portion you own?
					Do not deduct secured claims
					or exemptions.
		or commissions y	ou already earned		
☑ N					-
Ų Y€	es. Describe				\$
-0 0 44-		minhing and are	- Indian		
_		rnishings, and sup ted computers, softwar	•	fax machines, rugs, telephones, desks, chairs, electronic device	es
☑ No		-p		,,,,	
	es. Describe		111111111111111111111111111111111111111		•

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Debtor 1	Kimberly F	Paige Wilson	Case	e number (if known)	
	First Name	Middle Name	Last Name	J Harrison (I Monthly	
40 Machine	erv. fixtures. e	auipment, supplies	you use in business, and tools of your trade		
₩ No	- •,	4- F C FF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	. [······································	
☐ Yes	. Describe				S
	L	······································			
44 Invento					
41. Inventor	ry				
	. Describe				
<u> </u>	. Describe				P
42. Interest	s in partnersh	ips or joint venture	s		
☑ No					
☐ Yes	. Describe	Name of entity:		% of ownership:	
				• •	
					\$
				%	\$
				%	\$
	er lists, mailin	g lists, or other co	mpilations		
₩ No					
☐ Yes		include personally	identifiable information (as defined in 11 U.S.C. §	§ 101(41A))?	
	☐ No				
	Yes. Desc	ribe			
					\$
		<u> </u>			
	siness-related	property you did n	ot already list		
₩ No	A				
	. Give specific				\$
					\$
					\$
					\$
					\$
					*
					<u>\$</u>
45. Add the	dollar value d	of all of your entries	s from Part 5, including any entries for pages you	u have attached	
				_	3
		A 200	7 (1 m) (1 m	V A. A. M.	111 Vine per version () 151 Willy consumer condition () 4 V
Part 6:	Describe A	ny Farm, and Cor	mmercial Fishing-Related Property You Ov	un or Have an Interact I	٦.
			farmland, list it in Part 1.		•••
		<u> </u>			
46. Do vou	own or have a	ny legal or equitab	le interest in any farm- or commercial fishing-rel	lated property?	
	Go to Part 7.	, - ,			
	. Go to line 47.				
					Current value of the
					portion you own?
					Do not deduct secured claims
					or exemptions.
47. Farm at					
	es: Livestock, p	oultry, farm-raised fi	sn		
₩ No					
Yes		anne gran gibb 1929 bir a hiray arang gayapan 1990 bir day day		A American suggest the seminated management of the seminated depending and property of the	
					•
	L		THE PROPERTY OF THE COURSE OF THE PROPERTY OF	the physical physical control of the state o	. \$

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Debto	rı Kim	berly P	aige Wilson			c	ase number (if known)			
0-20		Name	Middle Name	Last Name			TOO HOLLDON (WARRAN)			
48. Cro	p s ei ther	growing	or harvested							
_	No	ſ	· · · · · · · · · · · · · · · · · · ·	······································		······································			1	
Ц	Yes. Give information								\$	
		ing equi		ts, machinery, fixtur				- ment interest was and filled decided	.3	
	No Yes	г							7	
									\$	
50, Fa i	m and fish	ing supp	lies, chemicals, a							
	No Yes	ī							7	
	163								\$	
51. An	y tarm- and	i comme	rcial fishing-relat	ed property you did	not already li	st				
	No Yes. Give	snecific [1	
_	information								\$	-
				es from Part 6, inclu			you have attached		\$	
101 	Part o. Wr	···· ·································	umber 19979	**************************************		***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·····-	a van van aansaksankske valken vagen er ye	, of AANA AMA were discovered to the first the second of t
			ili Baanaata Y		I4	-4 3 14 3	W Paya Bana 3 2-a	A In		
Part	A Des	Cribe A	ui Property 1	ou Own or nave	an intere	st in Inat	You Did Not List	ADOVe		
			perty of any kind country club membe	l you did not already rship	list?					
	No	ſ							œ	
u	Yes. Give information								\$ \$	
			and the second s				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$	
sa Adı	d the dollar	r value o	all of your entric	os from Part 7 Write	that number	here		-	<u> </u>	
	~~~		**************************************	managet "SE SE AND			**************************************	**************		agency Y * E A c white A frings and decreases representations
Part	3: List	the To	tals of Each	Part of this Form	n					
							<del></del>		:	
								<b>7</b>	; •——	
56. <b>Pa</b> i	rt 2: Total v	ehicles,	line 5		\$	1000.00				
57. <b>Pa</b> i	rt 3: Total p	ersonal	and household it	ems, line 15	\$	1000.00				
58. <b>Pa</b> i	rt 4: Total fi	Inancial :	assets, line 36		\$	··· <u>-</u>				
59. <b>Pa</b>	rt 5: Total b	usiness	related property,	line 45	\$					
60. <b>Pa</b> i	rt 6: Total f	arm- and	fishing-related p	property, line 52	\$					
61. <b>Pa</b> i	rt 7: Total o	ther pro	perty not listed, li	ine 54	+\$					
62. <b>To</b> 1	al persona	i properi	y. Add lines 56 thi	rough 61	. <b>s</b>	1000.00	Copy personal proper	ty total 👈	+s	1000.00
					]				<u> </u>	nderd A. M. M. A. C. Trenspersor
63. <b>To</b> l	al of all pro	perty or	Schedule A/B. A	Add line 55 + line 62				•••••	\$	1000.00

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Fill w the	nformation to identify your case:			
i ciii ai (iiis :		• · ·		
Debtor 1	Kimberly Paige Wilson First Name Middle Name	Last Name		
Debtor 2		· - · · · · · · · · · · · · · · · · · ·		
(Spouse, if filing		Last Name		
United States	Bankruptcy Court for the: D	istrict of		_
Case number (If known)				Check if this is a amended filing
				a
Official	Form 106C			
Sched	dule C: The Prop	perty You	Claim as Exempt	04/19
Using the prop space is need	perty you listed on Schedule A/B: Proj	perty (Official Form 106/	gether, both are equally responsible for s VB) as your source, list the property that dditional Page as necessary. On the top	you claim as exempt. If more
specific dolla	ar amount as exempt. Alternatively,	you may claim the full	mount of the exemption you claim. Or fair market value of the property being health aids, rights to receive certain b	g exempted up to the amount
retirement fu	nds-may be unlimited in dollar arr	ount. However, if you	claim an exemption of 100% of fair ma property is determined to exceed that	rket value under a law that
	ited to the applicable statutory amo		, ,	
Part 1:	Identify the Property You Claim	as Exempt		
1. Which s	et of exemptions are you claiming?	Check one only, even it	your spouse is filing with you.	
	are claiming state and federal nonban		• •	
	are claiming federal exemptions. 11 U			
2. For any	property you list on Schedule A/B t	hat you claim as exem	pt, fill in the information below.	
************	scription of the property and line on	Gument value of the	Amount of the exemption you claim	Specific laws that allow exemption
	ie A/B that liets this property	portion you own	Amount of the samphon you cann.	Shacure state trial allow everythistic
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief				2
descripti		\$	\$ 100% of fair market value, up to	
Line fror Schedul			any applicable statutory limit	
Brief descripti	ion:	\$	<b>-</b> \$	
Line from			100% of fair market value, up to any applicable statutory limit	
Schedul	e A/B:		any applicable statutory limit	
Brief descripti	ion:	\$	<b>□</b> \$	
Line fror	n		100% of fair market value, up to	
Schedul	e A/B:		any applicable statutory limit	
3 Are vou	claiming a homestead exemption o	f more than \$170.350?		
•	•	•	s filed on or after the date of adjustment.)	
☑ No	•	-	•	
_	Did you acquire the property covered	by the exemption within	1,215 days before you filed this case?	
	No			
	Yes			

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Debtor 1

	aige Wilson		Case number (d known)
First Name	Middle Name	Last Name	

Part 2:

**Additional Page** 

Brief description of the property and line on Schedule A/B that lists this property.	Gurrent value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	_ \$	\$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$	. <b>-</b> s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	_ \$	s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	_ \$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	_ \$		
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	_ \$	s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$	<u> </u>	
Line from		100% of fair market value, up to any applicable statutory limit	
Brief description:			
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	_ \$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	_ \$	_ <b>□</b> \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:			
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	_ \$	_ 🗅 \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	

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Debtor 1	Kimberly Paige Wilson				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	g) First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for	the: District of	of	~	
Case number (If known)	r		<del></del>		
_		<del></del>			

#### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- Do any creditors have claims secured by your property?
   No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
   Yes. Fill in all of the information below.
- Part 1: List All Secured Claims 2. List all secured claims, if a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debter 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only ☐ Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 2.2 Describe the property that secures the claim: Creditor's Name As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated State ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here:

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Debtor 1	Kimberly Paige Wilson	run azen	TIDEF (if known)		
CODIO	First Name Middle Name	Last Name	(II MIOWIT)		<del></del>
Frank 1	Additional Page After listing any entries on this r	page, number them beginning with 2.3, followed	Column Ameliania Colombia Santa Colombia Santa Colombia		Column C
	by 2.4, and so forth.	ougo, manibor maniboginaming with 2.0, tollowed			All Control
		Describe the second that the second the state			
Creditor	's Name	Describe the property that secures the claim:	<u></u>	\$	-\$
Number	Street				
		As of the date you file, the claim is: Check all that apply.	J		
		☐ Contingent			
City	State ZIP Code	Unliquidated			
		☐ Disputed			
	res the debt? Check one.	Nature of lien. Check all that apply.			
Debt	•	An agreement you made (such as mortgage or secured			
	tor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
	tor 1 and Debtor 2 only ast one of the debtors and another	Judgment lien from a lawsuit			
_		Other (including a right to offset)	_		
	ck if this claim relates to a Imunity debt		_		
	•				
Date de	bt was incurred	Last 4 digits of account number			
		Department of the control of the con		<del> </del>	
Creditor	r's Name	Describe the property that secures the claim:	\$	\$	\$
Number	Street				
		As of the date you file, the claim is: Check all that apply			
		Contingent			
Čity	State ZIP Code	Unliquidated Disputed			
•	res the debt? Check one.	•			
_	tor 1 only	Nature of lien. Check all that apply.			
	tor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
	tor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At le	ast one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Che	ck if this claim relates to a	Other (including a right to offset)	_		
	nmunity debt				
Date de	bt was incurred	Last 4 digits of account number			
∟		Describe the property that secures the claim:	\$	\$	\$
Creditor	r's Name		٦		
Number	r Street	-\			
		As of the date you file, the claim is: Check all that apply			
		Contingent			
City	State ZIP Code	Unliquidated			
144	and the debto of the	☐ Disputed			
	ves the debt? Check one.	Nature of lien. Check all that apply.			
; <u> </u>	tor 1 only tor 2 only	An agreement you made (such as mortgage or secured car loan)			
:	tor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
· —	east one of the debtors and another	Judgment lien from a lawsuit			
_		Other (including a right to offset)	_		
	eck if this claim relates to a nmunity debt				
	•	Last 4 digits of account number			
Date de	bt was incurred	Last 4 digits of account number		1	
1	Add the dollar value of your entrie	s in Column A on this page. Write that number here:	\$		
H	f this is the last page of your form	, add the dollar value totals from all pages.	\$	1	
	Vrite that number here:		I¥	i	

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	First Name Middle Name	Lest Name	<del></del>	Case number (if known)
Part.	List Others to Be Notif		That You Already	Listed
agency is tr	e only if you have others to	be notified about a debt you owe to of the debts that	your bankruptcy for someone else, list th you listed in Part 1, I	a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
(4dillog)	Succi			
_				-
City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	-
				On which line in Part 1 did you enter the creditor?
Name		<del></del>		Last 4 digits of account number
Number	Street			-
				-
City		State	ZIP Code	-
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-
				-
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-
			··	_
		<del></del> -		_
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-
			<del>_</del> ,	-
City		State	7ID Code	_
City		J(d)(8	ZIP Code	
Nome				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street		<u> </u>	-
				-
City		State	ZIP Code	_
UILY		oui#	211 CUUB	

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Carry San	formation to luer	ntify your case			
Debtor 1	Kimberly Paige	e Wilson			
	First Name	Middle Name	Last Name	<del></del>	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Lasi Name		
United States I	Bankruptcy Court for	the: District	of	~	Day taken
Case number (If known)					☐ Check if this i amended filin

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is

any additional pages, write your name and case nun		nuation Page to	i inis page. Oi	n the top of
Part 1 List All of Your PRIORITY Unsecure	d Claims			
nonpriority amounts. As much as possible, list the cl	editor has more than one priority unsecured claim, list the actaim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's national forms in alphabetical order according to the creditor's national forms.	at claim here an ame. If you have , list the other cr	d show both point more than two reditors in Part	riority and opiniority 3.
Priority Creditor's Name  Number Street  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Last 4 digits of account number		\$	\$
Priority Creditor's Name  Number Street  City State ZIP Code	Last 4 digits of account number	· <b></b> -	\$	\$
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	□ Disputed  Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify			

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Kimberly Paige Wilson Debtor 1 Case number (if known) Your PRIORITY Unsecured Claims - Continuation Page Total claim Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Priority : Last 4 digits of account number _____ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another  $f \square$  Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number ___ __ __ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated ☐ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ■ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No

Yes

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Debtor 1 Kimberly Paige Wilson First Name Middle Name Last Name Case number (if known)

Par	List All of Your NONPRIOR	RITY Uns	ecured Claims			
3. [	Oo any creditors have nonpriority un	secured c	laims against you	?		
Į	No. You have nothing to report in thi	s part. Sul	omit this form to the	court with your other schedules.		
r ji	conpriority unsecured claim, list the cred	litor sepan litor holds .	ately for each claim	order of the creditor who holds each claim. If a creditor has in For each claim listed, identify what type of claim it is. Do not ist the other creditors in Part 3.If you have more than three nor	list claim	ns already
	and in out the definition of the				Total	claim
1.1	Credit Collection Services  Nonpriority Creditor's Name		<del></del>	Last 4 digits of account number 6 5 0 3	<b>\$</b>	55.55
	po box 55126 Number Street			When was the debt incurred?		
	Boston	ma_	02205 ZiP Code	As of the date you file, the claim is: Check all that apply.		
	Oily .	State	211 0006	Contingent		
	Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only			☐ Unliquidated☐ Disputed☐		
	Oebtor 1 and Debtor 2 only  At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		,
	Check if this claim is for a commun	nity debt		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	☑ No ☐ Yes			Other Specify medical		
.2	Hanover County Treasurer Nonpriority Creditor's Name po box 17461			Last 4 digits of account number 8 1 9 2 When was the debt incurred?	\$	116.88
	Number Street Baltimore	MD	21297	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated		
	Who incurred the debt? Check one.  Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another  Check if this claim is for a communication.	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☑ No ☑ Yes			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify taxes		
1.3	City of Richmond			Last 4 digits of account number 6 1 0 4	\$	13.21
	Nonpriority Creditor's Name po box 26060			When was the debt incurred?	*	
	Number Street Richmond	va	23274			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			—		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	Check if this claim is for a commu	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other, Specify 93S		
	Yes					

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Debtor 1

Kimberly Paige Wilson
First Name Middle Name

Last Name

Case number (if known)_

Part	Your NONPRIORITY Unse	cured C	laims – Contin	nuation Page	
Afte	r listing any entries on this page, nu	mber the	m beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
	Portfolio Recovery Associates			Last 4 digits of account number 7 5 0 8	_{\$} 1847.1
	Nonpriority Creditor's Name po box 12914			When was the debt incurred?	
	Number Street				
	Norfolk	va	23541	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only			·	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Student loans	
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Credit card	
	☑ No □ Yes				
	Material C. A. and Cata		**************************************	Last 4 digits of account number 6 3 2 1	s 2134.6
	Wakefield & Associates Nonpriority Creditor's Name			Last 4 digits of account rightness	<u> </u>
	po box 59003			When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Knoxville	tn State	37950		
•	City	State	ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.			D Disputed	
	Debtor 1 only			·	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			Student loans	
	<del></del>			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			☑ Other Specify Medical	
	<b>☑</b> No ☐ Yes				
	***************************************				s 637.2
_	Midland Credit Management			Last 4 digits of account number 7 1 9 0	
	Nonpriority Creditor's Name			When was the debt incurred?	
	po box 2121 Number Street				
	Warren	MI_	48090	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another	r		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Check if this claim is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify	
	₩ No				
	Yes				

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Document Page 22 of 57 Kimberly Paige Wilson Debtor 1 Case number (if known) 2art 2 List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you?  $ldsymbol{\square}$  No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1, If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Virginia Employment Commission Last 4 digits of account number 2 9 6 5 4964.08 Nonpriority Creditor's Name When was the debt incurred? po box 1779 Number Richmond 23218 va As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. ■ Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts M No Other, Specify ☐ Yes 266,40 0 Medicredit Inc Last 4 digits of account number When was the debt incurred? Nonpriority Creditor's Name PO box 1629 Number As of the date you file, the claim is: Check all that apply. MO 63043 Maryland heights ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify Medical ☐ No **2** Yes LC Systems inc Last 4 digits of account number 3 1 0 9 2475.00 Nonpriority Creditor's Name When was the debt incurred? po box 64378 Number Saint paul mn 55164 As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ■ Student loans Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts

□ Other. Specify Medical

Mo No

☐ Yes

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Debtor 1

Kimberly	Paige	Wilson
KILLINGHA	raige	AAIIPOI

irst Name Midde Name

Last Name

Case number (if known)_

listing any entries on this page	, number the	em beginning with	h 4.4, followed by 4.5, and so forth.	To	tal claim
			•		
EOS CCA			Last 4 digits of account number	\$	24
Nonpriority Creditor's Name			When was the debt incurred? 05/11/2018		
Number Street Boston	MA	02298	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and and	ther		Obligations arising out of a separation agreement or divorce tha	t	
Check if this claim is for a con	munity debt		you did not report as priority claims		
s the claim subject to offset?	,		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to onset?			Other. Specify		
☑ No ☑ Yes					
C System			Last 4 digits of account number	\$	1180.0
Nonpriority Creditor's Name PO Box 64378			When was the debt incurred?		
Number Street St paul	MN	55164	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
the teams of the debto of			☐ Unliquidated		
Who incurred the debt? Check one	•		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only					
At least one of the debtors and and	ther		Student loans		
			<ul> <li>Obligations arising out of a separation agreement or divorce tha you did not report as priority claims</li> </ul>		
Check if this claim is for a con	imunity debt		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			☑ Other, Specify medical		
☑ No ☑ Yes					
					79
IC Systems			Last 4 digits of account number	•—	
Nonpriority Creditor's Name PO Box 64378			When was the debt incurred?		
Number Street St paul	MN	55164	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
			Unliquidated		
Who incurred the debt? Check one			☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONDRIORITY uppersured claims		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and and	other		Student loans  Obligations origing out of a peneration agreement or divorce the		
_			<ul> <li>Obligations arising out of a separation agreement or divorce tha you did not report as priority claims</li> </ul>	ι	
Check if this claim is for a con	nmunity debt		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?			Other. Specify Medical		
□ No					

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,		Document	Page 24 of 57	
Debtor 1	Kimberly Paige Wilson		Case number (# known)	

listing any entries on this page, number them beg	inning with 4.4, followed by 4.5, and so forth.	Total cu	
cbe group	Last 4 digits of account number	\$	4
Nonpriority Creditor's Name 131 Tower park dr ste 100	When was the debt incurred? 12/26/18		
	As of the date you file, the claim is: Check all that apply.		
City State ZIP C	Contaigur		
Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed		
Debtor 1 only	a pispuleu		
Debtor 2 only	Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	☐ Student loans		
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	Other. Specify		
☑ No ☑ Yes			
focused recovery solutions	Last 4 digits of account number	\$	
Nonpriority Creditor's Name	When was the debt incurred? 08/10/16		
9701 metropolitan court ste b			
	As of the date you file, the claim is: Check all that apply.		
City State ZIP C			
Who incurred the debt? Check one.	Unliquidated		
Debtor 1 only	☐ Disputed		
Debtor 2 only	Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	Student loans		
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a community debt	you did not report as priority claims		
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical		
M No	Other, Specify Introduced		
Yes			
AIS medicred +	Last 4 digits of account number 7 9 5 9	5 <u>418</u>	3
POB0X1629	When was the debt incurred? 7/3/1/18		
Number Street  Manual Heights Mo	1.3043 As of the date you file, the claim is: Check all that apply.		
City State ZIP C	Code Contingent		
Who incurred the debt? Check one.	Unliquidated		
	☐ Disputed		
☑ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	Student loans		
At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>		
Check if this claim is for a community debt	you did not report as priority claims		
•	Debts to pension or profit-sharing plans, and other similar debts		
ls the claim subject to offset?	Other. Specify credit card medical		
☑ No			

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Debtot 1

Kimberiy	/ Paige Wilson
Clast Manage	Middle Manus

Case number (if known)_

 11.1	rt 2	List All of Your NONPRIORITY U	nsecured Cla	aims		
3.	Do	any creditors have nonpriority unsecured	l claims again	st you?		
		No. You have nothing to report in this part. S	_	· ·		
4. i	Lis nor incl	t all of your nonpriority unsecured claims	arately for eacl	etical order of the creditor who holds each claim. If a creditor has h claim. For each claim listed, identify what type of claim it is. Do not claim, list the other creditors in Part 3.If you have more than three nor	list claims	already
_	1	- · · · · · · · · · · · · · · · · · · ·			Total ch	ing:
1		Vells Fargo Ionoriority Creditor's Name	<u> </u>	Last 4 digits of account number	\$	800.00
	4	20 Montgomery Street		When was the debt incurred?		
		lumber Street San Francisco CA	94104			
		State State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	1.0	Who incurred the debt? Check one.		Contingent		
	-	Debtor 1 only		Unliquidated Disputed		
		Debtor 2 only		·		
	Ľ	Debtor 1 and Debtor 2 only  At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
	_	Check if this claim is for a community deb	t	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce</li> </ul>		
		s the claim subject to offset?	•	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
		Z No		Other. Specify banking		
		Yes				
.2		Progressive Ins	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number	\$	250.00
		Nonpriority Creditor's Name		When was the debt incurred?		
		6300 Wilson Mills Road		<del></del>		
	N	Mayfield Village OH	44143	As of the date you file, the claim is: Check all that apply.		
		City State	ZIP Code	Contingent		
	_	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		
		Debtor 1 only Debtor 2 only		,		
	Ę	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	L	At least one of the debtors and another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce</li> </ul>		
		☐ Check if this claim is for a community deb	t	that you did not report as priority claims		
	_	s the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify		
		⊒ No □ Yes				
.3	Γ	Pastlalia		Last 4 digits of account number 3 1 1 6	. മര	وں مر
	7 7	Vonpriority Creditor's Unime	<del></del>	When was the debt incurred?	<u>s a y</u>	<u> 84.78</u>
	Ī	PO BOX 12914				
	ō	norbik UM State	21 35°	· · · · · · · · · · · · · · · · · · ·		
	٧	Who incurred the debt? Check one.		☐ Contingent ☐ Unliquidated		
		Debtor 1 only		☐ Disputed		
	_	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONDDIODITY appeared delim-		
		At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
	[	Check if this claim is for a community deb	ot	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce</li> </ul>		
		Is the claim subject to offset?		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	,	
	1	<b>2</b> №		Other. Specify Conduct Card	•	
	(	Yes				

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Deblor 1 Kimberly Paige Wilson Case number (if known) Case number (if known)

List All of You	r NONPRIORITY Uni	secured Clair	ms			
B. Do any creditors have n		_				
No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes						
nonpriority unsecured clai	m, list the creditor separ than one creditor holds	rately for each o	cal order of the creditor who holds each claim. If a creditor has plaim. For each claim listed, identify what type of claim it is. Do not im, list the other creditors in Part 3.If you have more than three no	list claim	s already	
<b>-</b>				Total-	ielm ***	
Midland Funding Nonpriority Creditor's Name			Last 4 digits of account number	\$	527	
320 E Big Beaver S	uite 300		When was the debt incurred? 4-21-15	<b>-</b>		
Number Street	Talle 500		<del>_</del>			
Troy	M1	48083				
City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.			
Who incurred the debt?	Charle and		☐ Contingent			
Who incurred the debt?  Debtor 1 only	CHECK CHE.		☐ Unliquidated ☐ Disputed			
Debtor 2 only			- Disputed			
Debtor 1 and Debtor 2 of	only		Type of NONPRIORITY unsecured claim:			
At least one of the debt	-		☐ Student loans			
Check if this claim is	for a community debt		Obligations arising out of a separation agreement or divorce			
Is the claim subject to o	•		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts			
No			Other. Specify and other similar debts	•		
Yes						
I C Systems			Last 4 digits of account number	s	505	
Nonpriority Creditor's Name			When was the debt incurred? 12-3-18	<u> </u>		
PO Box 64378			· · · · · · · · · · · · · · · · · · ·			
Number Street		<del></del>				
St paul	MN	55164	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	☐ Contingent			
Who incurred the debt?	Check one.		☐ Unliquidated☐ Disputed			
Debtor 1 only			Usputed			
Debtor 2 only Debtor 1 and Debtor 2	noh		Type of NONPRIORITY unsecured claim:			
At least one of the debt			Student loans			
			Obligations arising out of a separation agreement or divorce			
Check if this claim is	s for a community debt		that you did not report as priority claims			
Is the claim subject to o	ffset?		<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>	i		
☐ No ☐ Yes			- Outer, Specify			
<del> </del>						
Valley Credit Service Nonpriority Creditor's Name	e		Last 4 digits of account number	\$	440	
po box 7090			When was the debt incurred? 09/06/2018			
Number Street			<del></del> -			
Charlottesville	va	22906	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	☐ Contingent			
Who incurred the debt?	Check one.		Unliquidated			
Debtor 1 only			☐ Disputed			
Debtor 2 only	b.					
Debtor 1 and Debtor 2 o	•		Type of NONPRIORITY unsecured claim:			
_			Student loans			
Check if this claim is	for a community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>			
is the claim subject to o	ffset?		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	3		
₩ No			Other. Specify medical			
☐ Yes						

Case 20-30935-KRH Doc 3 Filed 02/21/20 Entered 02/21/20 15:22:02 Desc Main Document Page 27 of 57 Kimberly Paige Wilson Debtor 1 Case number (# known Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number 9 9 6 2 6842.10 n a partners in anesthesia Nonoriority Creditor's Name When was the debt incurred? 7005 middlebrook pike Number As of the date you file, the claim is: Check all that apply. knoxville 37950 City ZIP Code Continuent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student toans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check If this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other. Specify D No ☐ Yes s 1424.01 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check If this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other. Specify_ □ No ☐ Yes s 312 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other, Specify

No Yes

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		Doddinone	. ago =0 0. 0.	
Debior 1	Kimberly Paige Wilson		Case number (if known)	

List Others to Be Notified About a Debt That You Already Listed

Deblor 1 Kimberly Paige Wilson Case number (if known)______

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

	- <u></u>	- <del></del>		On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
1101110				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
•	<del></del>			Last A dicita of account museum
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
· ·				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street	. 4		☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
Oily		Cible	_ ZIF Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				On which entry in Part 1 of Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		-	Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
			-	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Use of (Ohadasa) D. Barta O. Warrath Distribution and Older
Number	Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
, Abrilda				Line of (Check one):   Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
<u> </u>		State	ZIP Code	Last 4 digits of account number
City		State	ZIF Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	<del></del>			· · · ·
Number	Speet			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
				Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
City		State	TIL COUR	

Filed 02/21/20 Entered 02/21/20 15:22:02 Desc Main Case 20-30935-KRH Doc 3 Page 29 of 57 Document Kimberly Paige Wilson Debtor 1 Case number (if known) Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6a. Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total claim 6f. Student loans 6f. Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6h.

6j.

6i. Other. Add all other nonpriority unsecured claims.

Write that amount here.

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Debtor 1 Ki

Kimberly Paige Wilson

iddle Name Last N

Case number (if known)_____

Part 3

List Others to Be Notified About a Debt That You Already Listed

	,, you as mot have dad	uonai persoi	ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name		<del></del>	On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Cla
			Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
No.			Line of (Check one):
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims	
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
O		TID C	Last 4 digits of account number
City	State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			_
Number Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
Name		<u>.</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
vandi II			Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	Last 7 digits of account number

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Debtor 1 Kimberly Paige Wilson Case number (if known) Last Name Last Name Last Name Last Name Last Name Case number (if known)

 	_

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims	6a. Domestic support obligations	6a. _{\$}
from Part 1	6b. Taxes and certain other debts you owe the government	6b.
	6c. Claims for death or personal injury while you were intoxicated	6c.
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +s
	6e. Total. Add lines 6a through 6d.	6e. \$
		Total claim
Total claims	6f. Student loans	6f. \$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. §
	Other. Add all other nonpriority unsecured claims.     Write that amount here.	6i. <b>+</b> <u>\$</u>
	6j. Total. Add lines 6f through 6i.	6j. \$

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Fal	m tras r	iformation to iden	tify your c	nse:				
Deb	otor	Kimberly Paige		le Name	Lest Name			
	tor 2							
	ouse If filing) ted States	Bankruptcy Court for t		le Name District of	Last Name			
	e number nown)				-			Check if this is an amended filing
Off	icial l	Form 106G						
Sc	hed	ule G: Ex	- ecuto	ry Contr	acts and	Un	expired Leases	12/15
infor	mation.		eeded, cop	y the additional	page, fill it out, nu		both are equally responsible for supplyine entries, and attach it to this page. On	
	No. 0		file this for	n with the court wi	th your other sched		ou have nothing else to report on this form. on Schedule A/B: Property (Official Form 10	6A/B).
	List sepa example unexpire	, rent, vehicle leas	n or comp se, cell pho	any with whom y one). See the insti	ou have the contra ructions for this form	act or l	ease. Then state what each contract or ke instruction booklet for more examples of ex-	ease is for (for ecutory contracts and
	Person o	or company with w	vhom you	have the contrac	t or lease		State what the contract or lease is for	
2.1								
	Name			**************************************				
	Number	Street						
	City		State	ZIP Code				
2.2								
	Name							
	Number	Street				-		
<u> </u>	City		State	ZIP Code				
2.3	N					-		
	Name	Circoi				-		
	Number	Street				_		
2.4	City		State	ZIP Code				
2.4	Name		<del></del>		<del></del>	-		
						-		
	Number	Street						
	City		State	ZIP Code		·		The state of the s
2.5	Alam-					•		
	Name			to di Tu		_		
	Number	Street						
	City		State	ZIP Code		-		

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Debte	or 1	Kimberly P	aige Wilson		Case number (if known)
	<b>o</b> , ,	First Name	Middle Name	Last Name	Odac Hullibal (ruswii)
		Additional	Page if You Ha	ave More Contracts or Lease	s
		n or company	with whom you	have the contract or lease	What the contract or lease is for
2 <u>2</u>					
	Name				
	Numbe	er Street			
	City		State	ZIP Code	
2		<u>-</u>			<u>_</u>
	Name				
	Numbe	er Street			<del></del>
	City		State	ZIP Code	
2					
	Name				
	Numbe	er Street			
	City		State	ZIP Code	
2					
	Name				
	Numbe	er Street			
	City	-	State	ZIP Code	
2					<u>_</u>
ALVERSAL AVERAGE	Name				
and officer and of	Numbe	er Street			
	City		State	ZIP Code	
2					
	Name				_
	Numbe	er Street			
	City		State	ZIP Code	
2					_
	Name				<u>_</u>
	Numbe	er Street			
ļ 	City		State	ZIP Code	
2					_
1 111	Name				
AVV CARRONNOS AVV	Numbe	er Street			
	City		State	ZIP Code	

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.==				
Fill in th	is information to identify your ca	se:		
Debtor 1	Kimberly Paige Wilson			
Debtor 2	First Name Middle	s Name Last I	Name	
(Spouse, if	filing) First Name Middle	- Name Last I	Name	
United Sta	ates Bankruptcy Court for the:	District of		
Case num	ber			
(II NAIOWIS)				☐ Check if this is a amended filing
<b>`</b> €6	J Form 106H			anonded ming
	I Form 106H			
<u>Sche</u>	dule H: Your Co	debtors		12/15
are filing 1 and numb	ogether, both are equally respon	nsible for supplying co e left. Attach the Addit	rrect information. If I	is complete and accurate as possible. If two married peop nore space is needed, copy the Additional Page, fill it out ge. On the top of any Additional Pages, write your name a
1. Doyo	ou have any codebtors? (If you ar	e filing a joint case, do n	ot list either spouse a	s a codebtor.)
□ Y				
		l in a community prope	erty state or territory	7 (Community property states and territories include
	na, Califomia, Idaho, Louisiana, Ne	vada, New Mexico, Pue	erto Rico, Texas, Wasi	nington, and Wisconsin.)
	o. Go to line 3.			
_	es. Did your spouse, former spous	a, or legal equivalent live	e with you at the time?	
_	No Yes In which community state o	r territory did you live?		Fill in the name and current address of that person.
	Tes. In which community state o	territory did you live? _	<del></del> -	THE HITCHE SIGNE AND CONTENT AND TEST OF THAT PERSON.
	Name of the capable former and			
	Name of your spouse, former spouse, or k	igai equivalent		
	Number Street			
	City	State	ZIP Code	
show Sche Sche	m in line 2 again as a codebtor o	nly if that person is a q edule E/F (Official For	guarantor or cosigne	if your spouse is filing with you. List the person r. Make sure you have listed the creditor on ile G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt
Con	Initial Your cooledor			
				Check all schedules that apply:
3.1				Schedule D, line
Nan	1 <del>0</del>			Schedule E/F, line
Nun	nber Street			Schedule G, line
City		State	ZiP Code	
3.2				
Nan	ne			Schedule D, line
Nun	nber Street			Schedule E/F, line
1101			_	Schedule G, line
City	www.menerous	State	ZIP Code	
3.3			<u> </u>	D Schedule D, line

Name

Number

Street

ZIP Code

Schedule E/F, line

☐ Schedule G, line _____

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Debto	r 1	First Name Middle Name	Last Name	Cas	se number (if known)
.,.		Additional Page to List M	ore Codebtors		S S S S S S S S S S S S S S S S S S S
	Column	1: Your codebtor			Column 2: The creditor to whom you owe the debt
	, ,,,,,,,		· ,		Check all schedules that apply:
	Name				☐ Schedule D, line
	Nanc				☐ Schedule E/F, line
	Number	Street			☐ Schedule G, line
	City		State	ZIP Code	
·_					Schedule D, line
	Name	•			Schedule E/F, line
					Schedule G, line
	Number	Street			a suredule s, line
	City		State	ZIP Code	
)	Name				☐ Schedule D, line
	Naile				☐ Schedule E/F, line
	Number	Street	·		☐ Schedule G, line
	City		State	ZIP Code	
S			undicallature transacional destructivos de la Compactiva de Compactiva d	C BUC 10 Ma. HE MARE THE HAMMAN WHICHMAN CONTROL MEDITION TO COMPANY OF CONTROL CONTRO	
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City	, , , , , , , , , , , , , , , , , , ,	State	ZIP Çode	
					☐ Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
			·· <del>-</del>		
<u>. T</u>	City		State	ZIP Code	
	Name			<del></del>	☐ Schedule D, line
					☐ Schedule E/F, line
	Number	Street	••		□ Schedule G, line
	City		State	ZIP Code	
s					D »
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			☐ Schedule G, line
<del>,</del>	City		State	ZIP Code	
<u>.                                     </u>					☐ Schedule D, line
	Name				Schedule E/F, line
	Number	Street	· · · · · · · · · · · · · · · · · · ·		Schedule G, line
	TRAINERS	Jugar			·

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Filters tras of amation to exertify:	Vour case:				
Kimborly Boigo W		*	ļ		
Debtor 1 Kimberly Paige W		Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	District of				
Case number				Check if t	this is:
(If known)			J	_	nended filing
					plement showing postpetition chapter 13 e as of the following date:
Official Form 106I				MM / I	YYYY O
Schedule I: You	ır Income				12/15
supplying correct information. If yo	ou are married and not filir se is not filing with you, d top of any additional page	ng jointly, and yo lo not include info	ur spouse is ormation abo	living with out your spo	or 2), both are equally responsible for you, include information about your spouse use. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job,					
attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employed	ed		Employed Not employed
Include part-time, seasonal, or					
self-employed work.  Occupation may include student or homemaker, if it applies.	Occupation	Hotel Clerk			
of nomonianer, in applico.	Employer's name	Best Western	Plus		
	Employer's address	9826 Midlothi Number Street	ian Turnpik	е	Number Street
		Richmond	va	23235	
		City	State ZIP	Code	City State ZIP Code
	How long employed then	e? 1 month			1 month
Part 2 Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated		n. If you have noth	ing to report f	or any line, v	vrite \$0 in the space. Include your non-filing
If you or your non-filing spouse he below. If you need more space, a	ave more than one employe		ormation for a	ll employers	for that person on the lines
			For	r Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			2. \$	1440	\$
3. Estimate and list monthly over	rtime pay.		3. +\$		+ \$
4. Calculate gross income. Add li	ine 2 + line 3.		4. \$	1440	\$

Official Form 1061 Schedule I: Your Income page 1

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Kimberly Paige Wilson

ebtor 1 First Name Middle Name Last Name			number (if knov			
•		For D	Pebtor 1	For Debtor 2 or non-filing spouse		
Copy line 4 here	<del>&gt; 4</del> .	\$	1440	\$		
List all payroll deductions:						
5a. Tax, Medicare, and Social Security deductions	5a.	\$	500	\$		
5b. Mandatory contributions for retirement plans	5b.	\$		\$		
5c. Voluntary contributions for retirement plans	5c.	\$		\$		
5d. Required repayments of retirement fund loans	5d.	\$		\$		
5e. Insurance	5e.	\$		\$		
5f. Domestic support obligations	5f.	\$		\$		
5g. Union dues	5g.	\$		\$		
5h. Other deductions. Specify:	-	+\$		+ s		
. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +		\$	<del></del>	\$		
. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	940	\$		
List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$		\$		
8b. Interest and dividends	8b.	\$		\$		
8c. Family support payments that you, a non-filing spouse, or a depregularly receive	endent	·		-		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	9 8c.	\$		\$		
8d. Unemployment compensation	8d.	\$		\$		
8e. Social Security	8e.	\$	<del> </del>	\$		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant you receive, such as food stamps (benefits under the Supplemen Nutrition Assistance Program) or housing subsidies. Specify:		\$		\$		
8g. Pension or retirement income	8g.	\$		\$		
8h. Other monthly income. Specify:	8h.	+ e		+\$		
Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$		\$		
Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	940	<b>\$</b>	=	\$
. State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your househ friends or relatives.			nts, your roon	nmates, and other	-	
Do not include any amounts already included in lines 2-10 or amounts tha Specify:						\$
. Add the amount in the last column of line 10 to the amount in line 11. Write that amount on the Summary of Your Assets and Liabilities and Cert				•	<u>.</u>	\$ <u>9</u>
3. Do you expect an increase or decrease within the year after you file	this form?	,				Combined monthly incom
☑ No. ☐ Yes. Explain:				<b></b>		

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(if known)	Middle Name Last Name  District of		ement showing post es as of the following	
Official Form 106J Schedule J: Yo	_ our Expenses			12/15
Be as complete and accurate as	possible. If two married people are fill ded, attach another sheet to this form		• • • •	ing correct
Part 1: Describe Your Ho	ousehoid			
1. Is this a joint case?		<u> </u>		· · · · · · · · · · · · · · · · · · ·
Mo No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a ☐ No ☐ Yes. Debtor 2 must	separate household? file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
Do you have dependents?  Do not list Debtor 1 and Debtor 2.	No  Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	each dependent			☐ No ☐ Yes
			-	□ No □ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
Do your expenses include expenses of people other than yourself and your dependents'				
Part 2: Estimate Your Ong	oing Monthly Expenses			
- •	ur bankruptcy filing date unless you a ankruptcy is filed. If this is a suppleme		-	•
•	on-cash government assistance if you ed it on Schedule I: Your Income (Offi		Your expe	nses
<ol> <li>The rental or home ownership any rent for the ground or lot.</li> </ol>	expenses for your residence. Include	first mortgage payments and	4. \$ 6	350
If not included in line 4:				
4a. Real estate taxes				<del></del>
4b. Property, homeowner's, or	renter's insurance			
4c. Home maintenance, repair	r, and upkeep expenses		4c. \$	<del> </del>
4d. Homeowner's association	or condominium dues		4d. \$	

Schedule J: Your Expenses

page 1

Official Form 106J

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Case number (# Imo

Kimberly Paige Wilson

Debtor 1

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: 6a. Electricity, heat, natural gas 6a Water, sewer, garbage collection 6b. Telephone, cell phone, internet, satellite, and cable services 6c Other. Specify: 6d. 7. Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. 9. Personal care products and services 10. 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. 12. 12. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 80 15c. Vehicle insurance 15c. 15d. Other insurance. Specify:_ 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c 17d. 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify:_ 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your income. 20a. 20a. Mortgages on other property 20b. Real estate taxes 20h. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses \$ 20e. Homeowner's association or condominium dues

Official Form 106J

Schedule J: Your Expenses

page 2

Fill or this	priormation to ds	- Ary your case	
Debtor 1	Kimberly Paig	je Wilson	
	First Name	Middle Name	Last Name

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Debtor			aige Wilson			Case number (# know	n)			
21. <b>O</b>		cify:	Middle Name	Cast Name			21.	+\$	50	
22. <b>C</b> a	alculate y	our mont	hly expenses.							
22	2a. Add lin	es 4 throu	gh 21.				22a.	\$	1010	
22	b. Copy ti	ine 22 (ma	nthly expenses	for Debtor 2), if any	from Official Form 106J-2	:	2 <b>2</b> b.	\$		
22	?c. Add lin	e 22a and	22b. The result	is your monthly exp	oenses.		22c.	\$	1010	
23. <b>Ca</b>	lculate yo	our month	ly net income.						940	
23a	. Copy l	line 12 ( <i>y</i> o	ur combined mo	nthly income) from	Schedule I.		23a.	\$	9 10	
23b	. Сору у	your monti	nly expenses fro	m line 22c above.			23b.	<b>-\$</b>	1016	
230		•	onthly expenses r monthly net in	from your monthly i come.	income.		<b>23</b> c.	\$	- 70	
24. <b>Do</b>	you expe	ect an inc	rease or decre	se in your expens	es within the year after ye	ou file this form?				
	•				an within the year or do you nodification to the terms of	•				
	No.									
	Yes.	Explain he	re:							

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Fill in this information to identify your case.	
Debtor 1 Kimbridy Paige Wisin	
First Name Last Name Last Name	_
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	_
United States Bankruptcy Court for the: Eastern District of Virginia	
Case number(if known)	
(madan)	☐ Check if this is a
	amended filing
Official Form 106Dec	
Declaration About an Individual	Debtor's Schedules 12/15
If two married people are filing together, both are equally responsible for s	upplying correct information.
You must file this form whenever you file bankruptcy schedules or amende	ed schedules. Making a false statement, concealing property, or
years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
Sign Below	
Pld	en e
Did you pay or agree to pay someone who is NOT an attorney to help you	ou till out bankruptcy forms?
Mo No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summary and so that they are true and correct.	hedules filed with this declaration and
$\sim$	
1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
* MUIN *	
Signature of Debtor 1 Signature of Debt	tor 2
1 (1 /20)	
Date Date MM / DD / YYYY	
20 /	

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Linetin of the state of the state of			
Firstles inflate at length abenduty your case			
ebtor 1 Kimberty Paige Wilson	Last Name		
Photor 2	Last Mame		
Ouse, if filing) First Name Middle Name	Last Name		
ited States Bankruptcy Court for the: Distr	rict of	~	
ise number			
known)	······································		Check if this is a amended filing
as complete and accurate as possible. If two maintainn. If more space is needed, attach a sepanber (if known). Answer every question.  Give Details About Your Marital St	arate sheet to this for	m. On the top of any additional pages, write	supplying correct your name and case
☐ Married			
☐ Married ☑ Not married  During the last 3 years, have you lived anywher ☐ No			
☐ Married ☑ Not married  During the last 3 years, have you lived anywhere			Dates Debtor 2 lived there
☐ Married ☐ Not married  During the last 3 years, have you lived anywher ☐ No ☐ Yes. List all of the places you lived in the last	3 years. Do not include  Dates Debtor 1	where you live now.  Debtor 2:	lived there
☐ Married ☑ Not married  During the last 3 years, have you lived anywher ☐ No ☑ Yes. List all of the places you lived in the last 3  Debtor 1:	3 years. Do not include  Dates Debtor 1	where you live now.	lived there
☐ Married ☑ Not married  During the last 3 years, have you lived anywher ☐ No ☑ Yes. List all of the places you lived in the last 3 Debtor 1:  7363 Edgeworth Road	3 years. Do not include  Dates Debtor 1	Debtor 2:  Same as Debtor 1	lived there
☐ Married ☑ Not married  During the last 3 years, have you lived anywher ☐ No ☑ Yes. List all of the places you lived in the last 3  Debtor 1:	3 years. Do not include Dates Debtor 1 lived there	where you live now.  Debtor 2:	lived there  Same as Debto
□ Married ☑ Not married  During the last 3 years, have you lived anywher □ No ☑ Yes. List all of the places you lived in the last 3  Debtor 1:  7363 Edgeworth Road  Number Street	3 years. Do not include Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1	lived there  Same as Debto
Married Not married  During the last 3 years, have you lived anywher No Yes. List all of the places you lived in the last 3  Debtor 1:  7363 Edgeworth Road Number Street  Mechanicsville va 23111	3 years. Do not include Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street	lived there  Same as Debto From To
□ Married ☑ Not married  During the last 3 years, have you lived anywher □ No ☑ Yes. List all of the places you lived in the last 3  Debtor 1:  7363 Edgeworth Road  Number Street	3 years. Do not include Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1	lived there  Same as Debto From To
Married Not married  During the last 3 years, have you lived anywher No Yes. List all of the places you lived in the last 3  Debtor 1:  7363 Edgeworth Road Number Street  Mechanicsville va 23111	3 years. Do not include Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street	From To
During the last 3 years, have you lived anywher  No Yes. List all of the places you lived in the last 3  Debtor 1:  7363 Edgeworth Road  Number Street  Mechanicsville va 23111	3 years. Do not include Dates Debtor 1 lived there  From To	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State ZIP Code	From To  Same as Debto
□ Married □ Not married  During the last 3 years, have you lived anywher □ No □ Yes. List all of the places you lived in the last 3  Debtor 1:  7363 Edgeworth Road  Number Street  Mechanicsville va 23111  City State ZIP Code	3 years. Do not include Dates Debtor 1 lived there	where you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State ZIP Code	lived there  Same as Debto  From  To

**ଔ** No

Yes, Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

State ZIP Code

Part 2

Explain the Sources of Your Income

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

City

State

ZIP Code

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☐ No ☑ Yes, Fill in the details.	come that you receive toget	nesses, including part-tin		ndar years?
	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips  Operating a business	\$250.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year:	Wages, commissions, bonuses, tips	s 12434	☐ Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2018	_) Operating a business	<del></del>	Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips	s 13291	Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2017	) Uperating a business		Operating a business	<del></del>
List each source and the gross income fron  No  Yes. Fill in the details.	, out of the control		,	
	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year unt	Describe below.	each source (before deductions and		each source (before deductions and
From January 1 of current year unt the date you filed for bankruptcy:	Describe below.	each source (before deductions and exclusions)		each source (before deductions and
From January 1 of current year unt the date you filed for bankruptcy:	Describe below.	each source (before deductions and exclusions)		each source (before deductions and
the date you filed for bankruptcy:	Describe below.	each source (before deductions and exclusions)		each source (before deductions and
For last calendar year:  (January 1 to December 31,2018	Describe below.	each source (before deductions and exclusions)		each source (before deductions and

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ebtor 1	Kimberly Paige Wilson		Case i	number (if known)	
	First Name Middle Name Last Name				
Part 3:	List Certain Payments You Made Before	re You Filed	for Bankruptcy		
6. Are eit	her Debtor 1's or Debtor 2's debts primarily o	onsumer debi	ts?		
☐ No	. Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a person	consumer de nal, family, or h	bts. Consumer debts ar ousehold purpose."	e defined in 11 U.S.C. § 10°	1(8) as
	During the 90 days before you filed for bankru	otcy, did you p	ay any creditor a total of	\$6,825* or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. Do child support and alimony. Also, do no	not include p	ayments for domestic su	ipport obligations, such as	
	* Subject to adjustment on 4/01/22 and every				
Ø Ye	s. Debtor 1 or Debtor 2 or both have primarily	consumer de	bts.		
0	During the 90 days before you filed for bankrul			\$600 or more?	
	☑ No. Go to line 7.				
	☐ Yes. List below each creditor to whom you	naid a tatal of	\$600 or more and the to	stal amount you poid that	
	creditor. Do not include payments for	domestic supp	ort obligations, such as	child support and	
	alimony. Also, do not include paymen	ts to an attorne	ey for this bankruptcy ca	se.	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	Mortgage
	Creditor's Name				Car
	Number Street				Credit card
					Loan repayment
		<del></del>			Suppliers or vendors
	City State ZIP Code				☐ Other
		**************************************	* * A W. / A VIII	**************************************	
			\$	\$	☐ Mortgege
	Creditor's Name				☐ Car
	Number Street				Credit card
	, and the second				Loan repayment
					☐ Suppliers or vendors
	City State ZIP Code				☐ Other
			<b>.</b>	<b>e</b>	
	Creditor's Name		4		☐ Mortgage ☐ Car
					☐ Credit card
	Number Street				Loan repayment
					Suppliers or vendors
					Other
	City State ZIP Code				GOURT

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ər <b>1</b>	Kimberly Paige Wils	on	Lust Name		-	Case number (if known)_	
nside corpo agent	rations of which you are an	ny gene officer ss you	eral partners; re , director, perso	elatives of any on in control, o	general partners; p r owner of 20% or r	artnerships of which more of their voting	who was an insider? h you are a general partner; securities; and any managing domestic support obligations,
<b>1</b> N		ıy.					
⊒ Y	es. List all payments to an i	nsider.		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
					\$	s	- 1 11111111111111111111111111111111111
	Insider's Name		•		·		
i	Number Street						
-						· · · · · · · · · · · · · · · · · · ·	
	City	State	ZIP Code		( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
					\$	\$	
	Insider's Name		<del></del>		<u>-</u>		
,	Number Street					:	
	<del>-</del>						
	City	State	ZIP Code				
an in Includ M	sider? de payments on debts guara	anteed	or cosigned by	-	oayments or trans Total amount paid	fer any property of Amount you still owe	n account of a debt that benefited  Reason for this payment.
	Insider's Name				\$	\$	
	Number Street	11				:	
	City	State	ZIP Code				
	The second secon		and the state of t	100 F V 2000 P V 100 P A	\$	\$	
	Insider's Name				* <u> </u>	-	
						1	
	Number Street			<del></del>			
	Number Street						

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tor 1	Kimberly Paige Wilson	na .	Case num	iber (if known)	
rt 4	Identify Legal Actions, Reposse	ssions, and Foreclosure	es		
List al	n 1 year before you filed for bankruptcy I such matters, including personal injury contract disputes.				
S No					
<b>□</b> Y€	es. Fill in the details.				
		Nature of the case	Court or age	псу	Status of the case
,	case title				— Pending
	-ase ude		Court Name		On appeal
-			Number Street		Concluded
c	Case number				
			City	State ZIP Code	
					<b></b>
C	Case title		Court Name		Pending On appeal
_	:		Number Street		Concluded
			Number Sueet		Commuded
(	Case number		City	State ZIP Code	
	es. Fill in the information below.	Describe the prope	rty	Date	Value of the property
		r			,
	Creditor's Name	: 			_ \$
	- Salidi S (Vallis)	:		· · · · · · · · · · · · · · · · · · ·	
	Number Street	Explain what happe	ened		
		Property was	repossessed.		
		Property was Property was			
	City State ZIP Cod		attached, seized, or	levied.	
		Describe the prope	rty	Date	Value of the propert
	Creditor's Name	<del></del> :			. \$
			2 II 1110 II 1001111111111		
	Number Street	Explain what happe	ened		
		Property was	repossessed.		
	<del>_</del>	☐ Property was			
	City State ZIP Coo	Property was	-		
	,	Property was	attached, seized, or	levied.	

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Kimberly Paige Wilson	Case numb	Der (# known)	·
First Name Last Na	me		
			_
ithin 90 days before you filed for bankrupt counts or refuse to make a payment beca	toy, did any creditor, including a bank or financia	al institution, set off any am	ounts from your
1 No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Yes. Fill in the details.			
	Describe the action the creditor took	Date action	Amount
		was taken	
Creditor's Name	:	2,000	
Number Street			\$
		* ***	
City State ZIP Code	Last 4 digits of account number: XXXX		
	Last 4 digits of account number. 70001	<del></del>	
ithin 1 year before you filed for bankruptc	y, was any of your property in the possession of	of an assignee for the benefi	t of
reditors, a court-appointed receiver, a cust		·	
No No			
] Yes			
List Certain Gifts and Contribut	ione		
Elot Settani Sinta and Sontinode			
rithin 2 years before you filed for bankrupto No Yes. Fill in the details for each gift.	cy, did you give any gifts with a total value of mo	ore than \$600 per person?	
₫ No	Describe the gifts	Dates you gave the gifts	Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600		Dates you gave the gifts	Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts	Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value \$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value \$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value \$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street	Describe the gifts	Dates you gave the gifts	Value \$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code	Describe the gifts	Dates you gave the gifts	Value \$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street	Describe the gifts	Dates you gave the gifts	Value \$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code	Describe the gifts	Dates you gave the gifts	Value  Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts  Dates you gave	\$ \$

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Kimberly Paige Wilson First Name Middle Name	Last Name Case number (if known)	. <u> </u>	
hin 2 years hefore you filed for bank	ruptcy, did you give any gifts or contributions with a total valu	ie of more than %	500 to any charity
No	ruptey, and you give any gints or commodulous with a total valu	ne of more man \$0	oo to any chanty
No Yes. Fill in the details for each gift or c	contribution		
100. Fill in the details for each Allt of C	with building		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
***** *Arm IIIALB DIGIT &AAA			
		,	d*
Charity's Name	<del>_</del> `	-	Ð
	<u> </u>		\$
Number Street			
		0.00	
City State ZIP Code	<del></del>		
City State ZIP Code		***************************************	
_			
List Certain Losses			
aster, or gambling? No	uptcy or since you filed for bankruptcy, did you lose anything	because of theft,	fire, other
aster, or gambling? No Yes. Fill in the details.			
aster, or gambling? No	Describe any insurance coverage for the loss	Date of your loss	
aster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and	Describe any insurance coverage for the loss Include the amount that insurance claims on line 33 of Schedule A/B: Property.	Date of your	Value of₌property
aster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and	Describe any insurance coverage for the loss Include the amount that insurance has paid, List pending insurance	Date of your	Value of₌property
aster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and	Describe any insurance coverage for the loss Include the amount that insurance claims on line 33 of Schedule A/B: Property.	Date of your	Value of₌property
aster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and	Describe any insurance coverage for the loss include the amount that insurance has paid, List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your	Value of₌property
aster, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your	Value of₌property
aster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Tr	Describe any insurance coverage for the loss Include the amount that insurance has paid, List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
aster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Trathin 1 year before you filed for bankru consulted about seeking bankrupts	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracky or preparing a bankruptcy petition?	Date of your loss	Value of property lost
aster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Trathin 1 year before you filed for bankru consulted about seeking bankrupts	Describe any insurance coverage for the loss Include the amount that insurance has paid, List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  Tuptcy, did you or anyone else acting on your behalf pay or tra	Date of your loss	Value of property lost
No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Transition 1 year before you filed for bankru consulted about seeking bankruptelude any attomeys, bankruptcy petition No	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracky or preparing a bankruptcy petition?	Date of your loss	Value of property lost
aster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Trathin 1 year before you filed for bankru consulted about seeking bankrupts	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracky or preparing a bankruptcy petition?	Date of your loss	Value of property lost
No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Trathin 1 year before you filed for bankru consulted about seeking bankrupte lude any attorneys, bankruptcy petition No	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracky or preparing a bankruptcy petition?	Date of your loss  Insfer any propert your bankruptcy.	Value of property lost
No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Trathin 1 year before you filed for bankru consulted about seeking bankrupte lude any attorneys, bankruptcy petition No	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your preparers.	Date of your loss	Value of property lost \$
Aster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Treathin 1 year before you filed for bankrup consulted about seeking bankrupte lude any attorneys, bankruptcy petition  No Yes. Fill in the details.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your preparers.	Date of your loss  Insfer any property  your bankruptcy.  Date payment or transfer was	Value of property lost \$
Asster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Traction 1 year before you filed for bankrup to consulted about seeking bankrup to lude any attorneys, bankruptcy petition.  No Yes. Fill in the details.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your preparers.	Date of your loss  Insfer any property  your bankruptcy.  Date payment or transfer was	Value of property lost \$
Asser, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Treathin 1 year before you filed for bankrup consulted about seeking bankrupte lude any attorneys, bankruptcy petition  No Yes. Fill in the details.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your preparers.	Date of your loss  Insfer any property  your bankruptcy.  Date payment or transfer was	Value of property lost \$
Asser, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Treathin 1 year before you filed for bankrup consulted about seeking bankrupte lude any attorneys, bankruptcy petition  No Yes. Fill in the details.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Truptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition?  In preparers, or credit counseling agencies for services required in your preparers.	Date of your loss  Insfer any property  your bankruptcy.  Date payment or transfer was	Value of property lost \$
Asser, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Treathin 1 year before you filed for bankrup consulted about seeking bankrupte lude any attorneys, bankruptcy petition  No Yes. Fill in the details.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Transfer	Date of your loss  Insfer any property  your bankruptcy.  Date payment or transfer was	Value of property lost \$
Asser, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Traction 1 year before you filed for bankrup consulted about seeking bankrup to lude any attorneys, bankruptcy petition  No Yes. Fill in the details.  Person Who Was Paid  Number Street	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Transfer	Date of your loss  Insfer any property  your bankruptcy.  Date payment or transfer was	Value of property lost \$
Aster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Trathin 1 year before you filed for bankruptous consulted about seeking bankruptous lude any attorneys, bankruptoy petition  No Yes. Fill in the details.  Person Who Was Paid  Number Street	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers Transfer	Date of your loss  Insfer any property  your bankruptcy.  Date payment or transfer was	Value of property lost \$

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		Case number (if kin		···
	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
	2 mm			
Person Who Was Paid	•			\$
Number Street	<del>-</del> •			
				\$
	<del>-</del> :			
City State ZIP Code	<del>-</del> :			
Email or website address	<del>.</del> 			
	- -		A 2000	
Person Who Made the Payment, if Not You	<u></u>			
No Yes, Fill in the details.	Description and value of any property	transferred	Date payment or	Amount of payme
	Description and value of any property	vansieried	transfer was made	Amount or paying
Person Who Was Pald	: : :		made	
				\$
			<u> </u>	· <del></del>
Number Street				<u> </u>
				\$
City State ZIP Code	ruptcy, did you sell, trade, or otherwise	transfer any prop	erty to anyone, other tha	\$an property
City State ZIP Code  Vithin 2 years before you filed for banks ransferred in the ordinary course of you clude both outright transfers and transfer  to not include gifts and transfers that you  No	ur business or financial affairs? 's made as security (such as the granting	of a security interes	st or mortgage on your pro	perty).
City State ZIP Code  /ithin 2 years before you filed for bankl ansferred in the ordinary course of you clude both outright transfers and transfer to not include gifts and transfers that you  No	ur business or financial affairs?  Is made as security (such as the granting have already listed on this statement.  Description and value of property	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  /ithin 2 years before you filed for bankly ansferred in the ordinary course of you alcude both outright transfers and transfer o not include gifts and transfers that you  No Yes. Fill in the details.	ur business or financial affairs?  Is made as security (such as the granting have already listed on this statement.  Description and value of property	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  Vithin 2 years before you filed for banks ansferred in the ordinary course of you clude both outright transfers and transfer to not include gifts and transfers that you  No Yes. Fill in the details.	ur business or financial affairs?  Is made as security (such as the granting have already listed on this statement.  Description and value of property	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  Within 2 years before you filed for banks ransferred in the ordinary course of you clude both outright transfers and transfer to not include gifts and transfers that you  No Yes. Fill in the details.  Person Who Received Transfer	ur business or financial affairs? Is made as security (such as the granting have already listed on this statement.  Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  Vithin 2 years before you filed for banks ransferred in the ordinary course of you nelude both outright transfers and transfer to not include gifts and transfers that you No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code	ur business or financial affairs? Is made as security (such as the granting have already listed on this statement.  Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  Vithin 2 years before you filed for banks ransferred in the ordinary course of you nelude both outright transfers and transfer on not include gifts and transfers that you No Yes. Fill in the details.  Person Who Received Transfer	ur business or financial affairs? Is made as security (such as the granting have already listed on this statement.  Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  Within 2 years before you filed for banks ransferred in the ordinary course of you could both outright transfers and transfer on not include gifts and transfers that you No  Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you	ur business or financial affairs? Is made as security (such as the granting have already listed on this statement.  Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  Vithin 2 years before you filed for banks ransferred in the ordinary course of you noted both outright transfers and transfer on not include gifts and transfers that you  No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you	ur business or financial affairs? Is made as security (such as the granting have already listed on this statement.  Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date transfer
City State ZIP Code  Vithin 2 years before you filed for bankly ansferred in the ordinary course of you clude both outright transfers and transfer to not include gifts and transfers that you  No Yes, Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you  Person Who Received Transfer	ur business or financial affairs? Is made as security (such as the granting have already listed on this statement.  Description and value of property transferred	of a security interes	st or mortgage on your pro	perty). Date transfer

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tor 1 Kimberly Paige Wilson First Name Middle Name	Last Name	Case number (# kno	)(nwc	
.Within 10 years before you filed for	bankruptcy, did you transfer any proper	ty to a self-settled trus	st or similar device of w	vhich you
are a beneficiary? (These are often of	alled asset-protection devices.)			
☑ No				
Yes. Fill in the details.				
	Description and value of the prope	arty transferred		Date transfer
	Description and value of the prope			was made
Name of trust	·			<del></del>
				į.
	:			1
			-	
rt 3. List Certain Financial Ac	counts, Instruments, Safe Deposit	Boxes, and Storag	e Units	
Within 1 year before you filed for ba	ankruptcy, were any financial accounts o	or instruments held in	vour name, or for your	benefit.
closed, sold, moved, or transferred			your name, or for your	Donone,
	market, or other financial accounts; cert		ares in banks, credit ur	nions,
	cooperatives, associations, and other fir	nancial institutions.		
No				
Yes. Fill in the details.				
	Last 4 digits of account number	Type of account or Instrument	Date account was closed, sold, moved, or transferred	Last balance befor closing or transfer
Name of Financial Institution	 xxxx-	☐ Checking		\$
		Savings		<u> </u>
Number Street		Money market		
		Brokerage		
City State ZIP	Code	Other		
		Uther		AND THE PROPERTY OF THE PROPER
	xxxx-	Checking		\$
Name of Financial Institution		☐ Savings	<del></del>	
Number Street		Money market		
Number Street		Brokerage		
	<del></del>	Other		
City State ZIP	Code	Culei		
			L41	<b>4</b>
<ul> <li>Do you now nave, or old you nave to securities, cash, or other valuables</li> </ul>	within 1 year before you filed for bankru	ptcy, any sare deposit	box or other depositor	y tor
M No	•			
Yes. Fill in the details.				
	Who else had access to it?	Describe ti	he contents	Do you stil
				have it?
				☐ No
Name of Financial Institution	Name	<del></del>		☐ Yes
Number Street	Number Street	<del></del> -		
		<u></u>		
	City State ZIP Code	İ		

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tor 1	Kimberly Paige Wilson		Case number (if known)	
	First Name Middle Name La	st Name		
		t or place other than your home with	nin 1 year before you filed for bankruptcy	n
No				
Yes	s. Fill in the details.			
		Who else has or had access to it?	Describe the contents	Do you still
			y	have it?
				□ No
N	arne of Storage Facility	Name	<del></del> ;	Yes
	and or allotage reality	Hallo	:	res
N	lumber Street	Number Street	<del></del> ,	•
,,,	Milipei Sueet	Number Savet		:
		CityState ZIP Code		
		Ony Outa En Oods		
C	ity State ZIP Code	•	,	
	_			
art 9:	identify Property You Hold	or Control for Someone Else		
Dovo	II hold or control any property that	someone also owns? Include any n	roperty you borrowed from, are storing f	or
	Id in trust for someone.	Someone else Owns: include any p	roperty you borrowed from, are decring i	01,
₩ No				
	es. Fill in the details.			
	55, Fill III the details.	1475 and In the same autof	Deparito the property	Value
		Where is the property?	Describe the property	value
			! 1	
c	Owner's Name	-	[	\$
			•	I -
N	Number Street	Number Street		
Ā	Number Street	- Number Street		
<u>-</u>	Number Street	-		
-	Number Street  City State ZIP Code		Code	
- ā	City State ZIP Code	- City State ZIF	Code	
- ā	City State ZIP Code	- City State ZIF	Code	
art 10:	State ZIP Code  Give Details About Environ	- City State ZIF amental Information	) Code	
art 10: or the p	Give Details About Environ  Ourpose of Part 10, the following details	City State ZIF  Imental Information  finitions apply:		ses of
art 10: or the p Enviro	Give Details About Environ  Ourpose of Part 10, the following details and the following details are the following details and the following details are the following details	city State Zifermental Information  finitions apply: ate, or local statute or regulation co	oncerning pollution, contamination, relea	ses of
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IVA you notified any governmental :			
vou nouneu anv uovernmental t	unit of any release of hazardous r	material?	
I No			
Yes. Fill in the details.			
- ics. i iii iii bio dotallo.	Governmental unit	Environmental law, if you know it	Date of notice
			***************************************
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Number Street	Number Street		and the second s
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No			
Yes. Fill in the details.			Status of the
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Case number	City State	ZIP Code	
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Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From To
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12: Sign Below		
answers are true and correct. I understan n connection with a bankruptcy case car 18 U.S.C. §§,152, 1341, 1519, and 3571.	nt of Financial Affairs and any attachments, and that making a false statement, concealing a result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the property, or obtaining money or property by fraudment for up to 20 years, or both.
Signature of Debtor 1	Signature of Debtor 2	<del></del>
Signature of Debtor 1 Date 2/21/2020	Signature of Debtor 2  Date  Statement of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
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Signature of Debtor 1  Date 2/21/2020  Did you attach additional pages to Your S  No Yes	Date	

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Fill in this in	formation to ide	ntify your case:				
Debtor 1						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States !	Bankruptcy Court fo	r the: District	of			
Case number (If known)			<del></del>			

☐ Check if this is an amended filing

12/15

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form If:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filling together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### List Your Creditors Who Have Secured Claims

identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's	Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
rocuring debt.	Retain the property and [explain]:	

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ed. You may assume an unexpired personal property lease if the trustee	ioes not assume it. 11 U.S.C. 9 365(p)(2).
Describe your unexpired personal property leases	Will the lease be sesumed?
Lessor's name:	□ No
Description of leased property:	Yes
essor's name:	□ No
Description of leased property:	Yes
.essor's name:	□ No
Description of leased property:	☐ Yes
_essor's name:	☐ No ☐ Yes
Description of leased property:	
.essor's name:	□ No
Description of leased property:	☐ Yes
_essor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased xoperty:	Yes
t 3: Sign Below	

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Y	Fill in this in	Formation to i	Hentity your case:	-	Ch
	<u></u>	Kimberly Pai	<u> </u>		Forni
	Debtor 1	First Name	Middle Name	Last Name	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	2.
	United States i	Bankruptcy Court	for the: District	of	~
	Case number		<u> </u>		<b>1</b> 3.
L	(If known)				

	A one box only as directed in this term in a in 122A-1Supp:
<b>VZ</b> 1.	There is no presumption of abuse.
<b>Q</b> 2.	The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
<b>Q</b> 3.	The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

#### Official Form 122A-1

#### Chapter 7 Statement of Your Current Monthly Income

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Pe	art 1: Calculate Your Current	Monthly Income						
1.	<ul> <li>What is your marital and filing status? Check one only.</li> <li>Not married. Fill out Column A, lines 2-11.</li> <li>Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.</li> <li>Married and your spouse is NOT filing with you. You and your spouse are:</li> </ul>							
	Living in the same housel Living separately or are le under penalty of perjury tha spouse are living apart for r	gally separated. Fill out tyou and your spouse are	Column A	, lines 2-11 eparated u	; do not i	ill out Column bankruptcy lav	B. By check that applie	es or that you and your
	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.						e March 1 through ide the total by 6.	
						Column A Debtor 1		nn B or 2 or filing spouse
2.	Your gross wages, salary, tips, bo (before all payroll deductions).	nuses, overtime, and co	ommissio	ns		\$ <u>144</u>	10 \$_	
3.	. Alimony and maintenance payme Column B is filled in.	nts. Do not include payme	ents from a	a spouse if		\$	\$	<del></del> !
4.	<ul> <li>All amounts from any source whice of you or your dependents, include from an unmarried partner, member and roommates. Include regular confilled in. Do not include payments you</li> </ul>	ing child support. Includes of your household, your tributions from a spouse of	de regular r depender	contribution	ns ;,	\$	. \$	
5.	Net income from operating a busi or farm Gross receipts (before all deductions Ordinary and necessary operating e	s) \$ xpenses — \$	btor 1	Debtor 2 \$ \$	Copy_		O &	
6.	Net monthly income from a business.  Net income from rental and other Gross receipts (before all deduction Ordinary and necessary operating e	real property Del	btor 1   	\$ Debtor 2 \$	here →	\$	,	
7.	Net monthly income from rental or o Interest, dividends, and royalties	ther real property \$	0	\$	Copy here→	\$ \$	0 \$_	

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Debtor 1	Kimberly Paige Wilson First Name Middle Name Last Name		Case number (# known)	·
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
	ployment compensation		\$	<b>\$</b>
	ot enter the amount if you contend that the amount r the Social Security Act. Instead, list it here:			
	r you			
Fo	r your spouse	· \$		
9. Pens bene	ion or retirement income. Do not include any am fit under the Social Security Act.	ount received that was a	\$	\$
Do no as a v	me from all other sources not listed above. Spec ot include any benefits received under the Social So victim of a war crime, a crime against humanity, or ism. If necessary, list other sources on a separate	ecurity Act or payments received international or domestic		
			\$	\$
	<u> </u>		\$	\$
Tota	al amounts from separate pages, if any.		+ \$	+ \$
	ulate your total current monthly income. Add line on. Then add the total for Column A to the total for		\$ <u>144</u> 0	Total current
Part 2.	Determine Whether the Means Test Ap	plies to You		monthly income
12. Calcu	late your current monthly income for the year.	Follow these steps:		
12a.	Copy your total current monthly income from line	11		Copy line 11 here → \$1440
	Multiply by 12 (the number of months in a year).			x 12
12b.	The result is your annual income for this part of the	e form.		12b. \$ <u>1728</u> 0
13. Calcu	ulate the median family income that applies to y	ou. Follow these steps:		
Fill in	the state in which you live.	va		
Fill in	the number of people in your household.	1		
Fill in	the median family income for your state and size of	of household		\$ 60389
	nd a list of applicable median income amounts, go outions for this form. This list may also be available		he separate	
14. How	do the lines compare?			
14a. (	Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check box 1, The	re is no presumpt	ion of abuse.
14Ь. (	Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A-2.	ge 1, check box 2, The presumpt	ion of abuse is de	termined by Form 122A-2.
Part 3:	Sign Below			
	By signing here declare under penalty of perju	ry that the information on this sta	tement and in any	attachments is true and correct.
	* Inth	×		
	Signature of Debtor 1	Sign	nature of Debtor 2	
	Date	Dat	e MM / DD / YYY	<del>y -</del>
	If you checked line 14a, do NOT fill out or file	Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2	and file it with this form.		